



Water System Name: _____

Water System Number: _____

Analysis Report Form

-Water System Section-

Water System Name: _____

Water System Number: _____

-Sampling Point Section-

WSF State Asgn ID: _____ / Descript.: _____

Sampling Point: _____ / Descript.: _____

Collection Date (MMDDYYYY): _____

Collection Time: _____

Sample Collector Name / Telephone No.: _____

Sample Purpose (Circle One): **Routine (RT)** **Repeat (RP)** **Special (SP)**Sample Type (Circle One): **Finished (FN)** **Raw (RW)**

- Required Sampling at Sample Point _____ -

Analyte Group Code: **IOC**

w/ Units of Measurement*

Analyte	Analyte Code	Method Code*	Lab Reporting Level	Concentration
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ARSENIC	1005			
BARIUM	1010			
CADMIUM	1015			
CHROMIUM	1020			
CYANIDE	1024			
FLUORIDE	1025			
IRON	1028			
MANGANESE	1032			
MERCURY	1035			
NICKEL	1036			
SELENIUM	1045			
SODIUM	1052			
SULFATE	1055			
ANTIMONY	1074			
BERYLLIUM	1075			
THALLIUM	1085			
ZINC	1095			



Illinois Environmental Protection Agency

Water System Name: _____

Water System Number: _____

-Laboratory Section-

Laboratory State ID Number: _____

Laboratory Name: _____

Lab Sample Number: _____

Date Lab Rcpt.: _____

Complete Date: _____

Complete Time: _____

Comments (Data Quality Issues): _____

Mail Results to: **Illinois Environmental Protection Agency**
 Drinking Water Compliance Unit, Mailstop #19
 1021 North Grand Avenue East, P.O. 19276
 Springfield, IL 62704-9276

Questions Call: (217) 785-0561**Fax: (217) 557-1407**

Signature of Analyst or Official _____

Date Forwarded _____

* See List of Permitted Values

This Agency is authorized to require this information under Illinois Revised Statutes, 1987, Chapter 111 1/2, Section 1004(H). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 for each day the failure continues. a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.